Minutes February 11, 2015

Call to Order

Freddy Bartoletti called to order the regular meeting of the State Trauma Care Committee at 1200 on February 11, 2015 in Helena, MT

Members Present: Lauri Jackson, Sam Miller, Leah Emerson, Brad Von Bergan, Freddy Bartoletti Don Whalen and Joy Fortin via teleconference

Guests: John Bleicher, Megan Hamilton, Shari Graham, TC Coble, Jim DeTienne, Alyssa Sexton, Gail Hatch, Robin Suzor, Barry McKenzie, Samantha Kaufman, Lyndy Gurchek, Eric Fisher, Don Leatham, Kevin Box, and Carol Kussman

Absent: Becky Arbuckle, Rick Haraldson, Sid Williamson, Elaine Schuchard, Harry Sibold, Brad Pickhardt and Roberta Shupe

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Minutes were approved and read from the November 2014 meeting.

RTAC Reports:

- **ERTAC Report-** very good turnout on teleconferencing with case reviews and new format for Regional PI Indicators.
- **CRTAC Report –** The meeting date was changed to November 13, 2014 and talking regional PI indicators.
- **WRTAC Report –** case reviews and nurse meeting talked about facilities that had recent designation reviews and discussion about system issues.

Trauma System Update – Alyssa Sexton

Air Medical

The subcommittee of the Emergency Care Committee is meeting quarterly to discuss issues. Some of the issues locally are medical control for a flight service when they notify and overfly a facility to transport the patient to a better facility in dealing with the injuries and there are no issues with airway, breathing or circulation for the patient. There are still on-going communication issues between air to ground and appropriate use of channels. ECC was developing a subcommittee to work on the radio communication issues. It was suggested that each RTAC could develop destination protocols within that RTAC. NASEMSO nationally is also looking at working on the ever expanding air medical flight service issue. NASEMSO would like to work with FAA to regulate medical flight services as a medical flight and not as an air service issue.

Air Medical meeting at St. James Hospital talking about Butte destination protocols with the three air medical services serving the area and facilities that transfer to St. James.

Face-to Face meeting held 2-10-15. Compiled and word –smithed a helicopter shopping letter to be sent to all EMS agencies, dispatch centers and facilities that most of the Air Medical Programs endorse. There was discussion on State of Montana air medical communication and tan channel education. Jim submitted work that NASEMSCO is working on for required education and experience for flight team members, similar to CAMTS requirements.

Education of the tan channel needs to be more broad education to involve Sheriff's offices, ski patrol, highway patrol. There was also discussion about linking an EBOLA training for EMS and incorporating education on the tan channel with this training.

Central Medical Dispatch and Central Medical Resources were discussed as a possible need in trauma system resources and funding, which is also being looked at with the ECC work group.

Facility Resource Guide- Almost all facilities and air medical services have provided information. The guide is finished and has been given to all facilities and air medical services. This guide is being paid with by money provided by HRSA and they will be acknowledged on the introduction page.

– The subcommittee of the Emergency Care Committee is meeting quarterly to discuss issues. Some of the issues locally are medical control for a flight service when they notify and overfly a facility to transport the patient to a better facility in dealing with the injuries when there are no issues with airway, breathing or circulation for the patient. There are still on-going communication issues between air to ground and appropriate use of channels. ECC was developing a subcommittee to work on the radio communication issues. It was suggested that each RTAC could develop destination protocols within that RTAC. NASEMSO nationally is also looking at working on the ever expanding air medical flight service issue. NASEMSO would like to work with FAA to regulate medical flight services as a medical flight and not as an air service issue.

Montana Trauma Coordinator Web-ex – held February 4, 2015 with 44 people in attendance. Topics included; air medical transport in MT, Massive vs. Rapid transfusion protocols especially affecting our Rural Critical Access Hospitals, DI/Collector Updates, RSI Standardization Protocols, Trauma Designation Checklist and Backboard and C-spine clearance education.

Montana Trauma Systems Conference – September 10, 2014. 60 people attended the conference which had Deb Syverson from North Dakota talk about their Trauma System, web-based collector training and best practices from across the State.

Rocky Mountain Rural Trauma Symposium – Planning has started with ERTAC for the conference being held on September 24-15, 2015 at the Crowne Plaza in Billings. Some of the speakers include Justin Sempsrott The Burning Man physician talking about mass gathering medicine, Steven Moulton talking about compensatory reserve index, Eileen Bulgur talking about geriatric trauma and MVC's, Katherine Wells talking about how to identify child abuse in the field and Jason Martin talking about street drugs.

Regional and State PI Indicators Ideas:

ERTAC trialed a new approached in December. The trauma registry was used to identify charts that "fell out "of their RTAC PI indicators. The facilities were notified and completed an abstract form and then presented their cases with, OFI's and action plan development which were discussed with those participating. The ERTAC PI indicators are:

ISS ≥15 without TTA
GCS ≤ 8 without ETT
ISS ≤ 20 and death
IVF > 2000 NS
Backboard removal 30min from time of arrival to ED
Transfer time >3hr

The CTAC has also identified specific PI indicators and will be trialing this PI form in April at their meeting. The CRTAC PI indicators are:

GCS ≤ 8 without ETT
Age ≥55 with ISS ≥15 and no TTA
IVF >2000ml
EMS trip reports
Transfers with ISS ≥15 with ≥6 hrs. in ED or before transfer
Temperature documented

WRATC will continue to use their same format which will include cases that "fell out" using the State PI indicators which are;

GCS ≤8 without advanced airway support
ED Dwell Time for ISS ≥15

No TTA but met physiologic criteria
Transfer of patient after admission to facility
Transfer of patient out of state

NASEMSO/COT Project

10 categories that look at assessment of who is a Level II, Level III and Level IV facilities, where they are located and patient numbers but have not heard anything further about this assessment.

STCC committee openings

MEMSA- Montana EMS Association
ACEP- American College of Emergency Physicians

Funding for RTAC/Legislature

Jim DeTienne met with his supervisor and proposed that each RTAC receive $10,000/yr but this did not make the agenda for the legislature as part of the DPHHS requests
Is there any block grant funding available?
Flex grant funding available but have lost funding for the community and trauma receiving surgeon reviewer
Highway Traffic Safety-looking at funding of 2 TEAM courses in each RTAC for the upcoming year
Should we ask for more money and set the bar high in requesting funds from the legislature. We should come up with a plan on the use of the money, report back, outcomes and other funding source that are available which Jim DeTienne states would be a better received proposal, because it has been done, documented and reviewed for effectiveness.

There is a link to updates about the 64th Montana legislature bill introduction and where those bills are at in the process and is available on our website.

EMS update

A Survey will be coming out for all EMS and EMS Medical Directors to ask them how we at the State are working for you as well as other issues to help us with our direction
Mission Lifeline Grant is available- which is providing 12 lead EKG for all services statewide, so the service has the ability to transmit the EKG to the receiving facility to help facility care for STEMI patients
Lucas Cardiac Ready Communities- funding by the Helmsley Foundation; evaluate communities in bystander CPR, AED's where they are and if registered and implementing the Lucas device which is a CPR device to be used in place of an actual person to perform cardiac compressions. This project will be started in the Spring of 2015. EMSTS will be hiring a person to coordinate this project across the State for the next 3 years as at a moderated FTE status.
Shari has asked for funding for 4 PHLTS classes for 2015 and they are now set and are listed on the EMSTS website and application for the classes is also available on the website.

EMS online is available to an agency to help with education of its members

Education is needed in the administration of TXA for hemorrhagic control for trauma patients as well as how we can help educate the public in assisting to control hemorrhage for another person in public (i.e., tourniquet use and availability like AED's in public places)

EMD education is available also through the EMSTS office.

EMS for Children

Robin Suzor talked about that criteria has been developed for the voluntary recognition of a facility as a pediatric ready and a pediatric capable facility.
If your facility is interested in an ENPC course please contact Robin Suzor.
Emergency Pediatric Course (EPC) will replace PEPP and these will be conducted across Montana. If your agency is interested, please contact Robin Suzor.

Hospital Preparedness (HPP)

Very busy with Ebola updates and assessments for agencies and facilities. They are considering a hospital/agency checklist about what to do if you think you might be caring for a patient with EBOLA. Please contact their office if you need additional assistance or have questions.

Inclusion Criteria

Trauma Registry inclusion criteria has not changed a flow sheet was developed to help some people more easily identify who qualified for the trauma registry. Both the old form and the new flow sheet are available and use what works for them.

Trauma Registry

Continued education on the web-based registry continues and facilities are using the test site for practice. It went "live" January 29, 2015. It eliminates paper abstract submission, improves data accuracy and provides methods for internal data reporting.
On- going training is occurring monthly with 2 sessions which are usually back-to-back lasting 2-3 hours. All activations regardless of if they went home are included.
Trauma consults is to be used in the ED arrival screen only if there is an evaluation by the trauma surgeon. Not the Neurosurgeon or orthopedic surgeon. This is a clarification for the Regional and Area Trauma Hospitals.
Trauma Registrar requirements as defined by the State of Montana criteria states that the Regional Trauma Facilities must have a dedicated registrar working with the trauma coordinator and must have dedicated hours for this position and able to submit data into the registry within 60 days after patient discharge. Area, Community and Trauma Receiving facilities must have an identified trauma registrar or trauma coordinator responsible for data abstraction, entry into the trauma registry and run reports with sufficient dedicated hours to complete the trauma registry for each patient within 60 days of patient discharge. All trauma registrars must attend, or have previously attended within 12 months of hire a national or state trauma registry course.

EMSTS is looking at the feasibility to go to the next version of "Collector" which is CV5. They will be meeting with Digital Innovations to talk about possibility of implementation of the product. This version has an enhanced data dictionary, comprehensive data validations, is ICD 10 ready, has a cross walk for ICD9 to ICD 10, has the capability for TQUIP/NTDB modules, an upgrade option for all registry products, and has DI Report writer built-in vocabulary, mix and match technology dashboards and can be configured to interface with EMS data reporting systems.

ACS requirements

Issues discussed about some of the issues in the "Orange Book", Resources for Optimal Care of the Injured Patient- 2014 are; Surgical ICU Physician needs to be boarded in Critical Care, Anesthesia and OR crews need to be in house and ED physicians cannot respond to in house codes for the Regional Trauma Centers.

Brad Pickhardt who attended a College on Trauma meeting as the Montana Representative stated there is interest from Wisconsin, the Dakota's, Montana, Wyoming and Michigan seceding from ACS reviews and sharing physician reviewers as a consortium amongst this group.

Jim DeTienne states that the office will find the money to have the necessary resources available with designation visits for Regional Trauma Centers and Area Trauma Hospitals if they decide to drop ACS verification. Jim will look into if the State can charge for designation visits which is not currently done as we the ACS verification visit is done in conjunction with the State designation visit, utilizing the ACS surgeon reviewers

ACS requirements for the trauma registrar have changed and include attending the ATS's trauma registrar course and the AAAM Injury Scaling Course and have 8 hours of registry specific education a year.

The State is working with Digital Innovations which is the vendor for the software used by our State in providing education using the Report Writer feature this year at the Montana Trauma Systems Conference. This education has not been able to have been done for some years related to funding availability.

ACS also states that all Level II and Level III centers must use a risk adjusted benchmarking system to measure performance and outcomes and is a criteria deficiency II if this is not done. ACS endorses TQUIP to perform this function. EMSTS is looking at what options are available to the State and facilities to accomplish this requirement. St. Vincent's Healthcare is the only facility that currently uses TQUIP.

Committee Reports

PI/Designation sub- committee:

Many designation and focused reviews were discussed.

The question was raised why are there so many focused reviews? Some facilities are designated provisionally, which means they have 1 year to work on weaknesses and recommendations of the review team. This happens when you have a changeover of staff and even if a facility has been previously designated, they are basically starting from the ground up again and learning what their roles and responsibilities are.

Education sub-committee:

The Montana Trauma Coordinator Course is going to be revised. Members took sections to work on and members want to get start the meeting early in May to review everyone's revisions. RMRTS, MTS, education courses were also discussed. Lauri Jackson resigned as the chair of the committee and Brad Von Bergan said he would chair the May meeting, while others thought about if they wanted to become the chair of the committee.

The meeting concluded at 4PM with public comment, which there was none.